

PART B - FEE(S) TRANSMITTAL

OPPE 40
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7590 11/21/2007

Kevin M. Farrell
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| | |
|------------------------|--------------------|
| Debra J. Kellom | (Depositor's name) |
| <i>Debra J. Kellom</i> | (Signature) |
| 21/4/08 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/626,785 | 07/24/2003 | Michael Lebner | 0156-2006US01 | 1187 |

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|---|--|--|
| TITLE OF INVENTION: DEVICE FOR LACERATION OR INCISION CLOSURE | | 02/20/2008 CCHAU2 00000028 500282 10626785 |
| | | 01 FC:1504 300.00 OP |
| | | 02 FC:1501 1440.00 OP |
| | | 03 FC:0001 30.00 DA 15.00 OP |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$720 | \$300 | \$0 | \$1020 | 02/21/2008 |

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|-----------------|----------|----------------|
| EXAMINER | ART UNIT | CLASS-SUBCLASS |
| EREZO, DARWIN P | 3731 | 606-215000 |

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|--|---|------------------------------|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>Pierce Atwood LLP</u> |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | 2 <u>Kevin M. Farrell</u> |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | 3 <u>Katherine A. Wrobel</u> |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CLOZEX MEDICAL, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

WELLESLEY HILLS, MASSACHUSETTS

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

| | |
|--|---|
| 4a. The following fee(s) are submitted: | 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) |
| <input checked="" type="checkbox"/> Issue Fee | <input checked="" type="checkbox"/> A check is enclosed. |
| <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) | <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |
| <input checked="" type="checkbox"/> Advance Order - # of Copies <u>15</u> | <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>500282</u> (enclose an extra copy of this form). |

| | |
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| 5. Change in Entity Status (from status indicated above) | |
| <input checked="" type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. | <input checked="" type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). |

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Authorized Signature Kevin M. Farrell

Date 2/14/08

Typed or printed name Kevin M. Farrell

Registration No. 35,505

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